

# UTAH SERVICE CONTRACT PROVIDER APPLICATION

Under Utah Insurance Code Chapter 6a

Utah Department of Insurance  
State Office Building, Room 3110  
Salt Lake City, UT 84114  
(801) 538-3800

For Department Use Only  
**Provider Number:**

Date: \_\_\_\_\_

**Name of Provider:** \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Toll Free Number \_\_\_\_\_  
Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
FEIN #: \_\_\_\_\_  
Name of Contact Person for Regulatory Matters: \_\_\_\_\_

**TOTAL FEES (Must accompany this application) \$302.00**  
**(\$252.00 Application Fee + \$50.00 E-Commerce Fee)**

Form of Organization:  
☐ Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ Other: \_\_\_\_\_  
If Corporation, State & Date of Incorporation: \_\_\_\_\_  
Is Provider Registered with the Utah Corporations Division: ☐ Yes ☐ No  
State of Domicile \_\_\_\_\_

List all Officers, Directors & Control Persons\* of Provider: (Please attach additional sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Types of Warranties or Service Contracts to be offered by Provider:

☐ Home Warranties/Service Contracts  
☐ Automobile Warranties/Service Contracts  
☐ Consumer Goods Warranties/Service Contracts

**Note:** All Service Contract forms must be filed using a Service Contract Submission Form. You may obtain this form from our website [http://www.insurance.state.ut.us/R&F\\_Flgs.html](http://www.insurance.state.ut.us/R&F_Flgs.html) . U.C.A. § 31A-6a-103(2)(a)&(b) requires filing of a Service Contract/Warranty form 30 days prior to offering it for sale in the State of Utah.

- A Control Person is any person who is a partner (other than a limited partner), officer, director, or anyone having an ownership interest of 10% or more of the Provider, whether that person is an individual or other entity.

## **Please provide us with the following addresses**

### **Statutory Home Office Address**

Street \_\_\_\_\_  
P0 Box \_\_\_\_\_  
City \_\_\_\_\_  
State/ZIP \_\_\_\_\_

Contact Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Toll Free Number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Email \_\_\_\_\_

### **Mailing Address**

Street \_\_\_\_\_  
P0 Box \_\_\_\_\_  
City \_\_\_\_\_  
State/ZIP \_\_\_\_\_

Contact Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Toll Free Number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Email \_\_\_\_\_

### **Company Renewal Contact**

Street \_\_\_\_\_  
P0 Box \_\_\_\_\_  
City \_\_\_\_\_  
State/ZIP \_\_\_\_\_

Contact Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Toll Free Number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Email \_\_\_\_\_

### **Fraud Assessment Contact**

Street \_\_\_\_\_  
P0 Box \_\_\_\_\_  
City \_\_\_\_\_  
State/ZIP \_\_\_\_\_

Contact Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Toll Free Number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Email \_\_\_\_\_

### **Local Utah Representative**

Street \_\_\_\_\_  
P0 Box \_\_\_\_\_  
City \_\_\_\_\_  
State/ZIP \_\_\_\_\_

Contact Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Toll Free Number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Email \_\_\_\_\_

### **Complaints Contact**

Street \_\_\_\_\_  
P0 Box \_\_\_\_\_  
City \_\_\_\_\_  
State/ZIP \_\_\_\_\_

Contact Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Toll Free Number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Email \_\_\_\_\_

### **Registered Agent for service of process in Utah**

Street \_\_\_\_\_  
P0 Box \_\_\_\_\_  
City \_\_\_\_\_  
State/ZIP \_\_\_\_\_

Contact Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Toll Free Number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Email \_\_\_\_\_

Other States Where Provider Offers Warranties/Service Contracts:

(attach additional sheet if necessary)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please answer the following questions for the Provider and each Officer, Director and Control Person (collectively referred to as “you” in the following questions). **If the answer to any question is yes, please attach a dated and signed explanation and include copies of all pertinent documents.**

1. Have any of you ever been denied a license or authority to act as a Service Contract or Warranty Provider or had a license or authority to act as a Service Contract or Warranty Provider revoked or suspended in Utah or any other State? ☐ Yes ☐ No
2. Have any of you ever had any action taken against you by the insurance department of any state or any action against any other professional licenses that any of you hold or have held in any State or other jurisdiction?: ☐ Yes ☐ No
3. Exclusive of minor traffic violations, have any of you ever been convicted of, or plead guilty or no contest to, any crime or offense against any of the laws of the United States, any State or other jurisdiction? ☐ Yes ☐ No
4. Do any of you have any administrative, civil or criminal action pending against you in any State or other jurisdiction? ☐ Yes ☐ No
5. Have any of you ever been an Officer, Director, or Control Person of any other entity that has been denied a license by any State’s insurance department, or had any administrative or criminal action taken against it by any State or other jurisdiction?  
☐ Yes ☐ No

**I certify that I have read and am familiar with the requirements of Chapter 6a of the Utah Insurance Code and that the Provider meets all requirements to qualify as a Service Contract/Warranty Provider in the State of Utah. I further certify that, after due inquiry, the information provided in this application is true and correct to the best of my knowledge and belief.**

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Printed Name & Position: \_\_\_\_\_

\_\_\_\_\_